

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 7:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L35461 (7)

1. Corporation Name

JOSE ALBERTO BERRIOS, M.D., P.A.

Principal Place of Business

**20 WINSTON DR.
BELLEAIR FL 34616-1646**

Mailing Address

**20 WINSTON DR.
BELLEAIR FL 34616-1646**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/11/1989

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2980342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under C. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1501 ALT. 19 South

2a. Mailing Address

26 1501 ALT. 19 South

Suite, Apt. #, etc.

22 Suite 3

Suite, Apt. #, etc.

27 Suite 3

City & State

23 Tarpon Springs, FL

City & State

28 Tarpon Springs, FL

Zip

24 34669

Country

Zip

29 34669

Country

30

9. Name and Address of Current Registered Agent

KOCH, KY M.

**121 N. OSCEOLA AVENUE, #200
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Jose Alberto Berrios

JOSE ALBERTO BERRIOS

4-23-95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERRIOS, JOSE A.
STREET ADDRESS	20 WINSTON DRIVE
CITY - ST - ZIP	BELLEAIR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	JOSE A. BERRIOS	
1.3 STREET ADDRESS	1501 ALT. 19 S Suite 3	
1.4 CITY - ST - ZIP	Tarpon Springs, FL 34669	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a change or addition is being made.

SIGNATURE:

Jose Alberto Berrios

4/23/95

942-4005

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number